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CONFIRMATION NO. 6821

<b>SERIAL NUMBER</b> 09/698,743	<b>FILING OR 371(c) DATE</b> 10/27/2000 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 99-26
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/162,677 11/01/1999 *60✓*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none 60✓*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 01/06/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> <i>47</i> 2	<b>INDEPENDENT CLAIMS</b> <i>9</i> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

**ADDRESS**  
30031

**TITLE**  
Method and apparatus for monitoring and controlling a medical device

<b>FILING FEE RECEIVED</b> 2226	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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